

Arizona State Retirement System
Medicare Advantage HMO Medical Plan
2009/2010 Plan Comparisons

Plan Provision	Effective thru Dec. 31, 2009	Effective Jan. 1, 2010
Deductible (Individual/Family)	None	None
Maximum Lifetime Benefit	No maximum	No maximum
Maximum Ded/Co-Ins/Copays	None/Varies/Varies	None/Varies/Varies
Outpatient Benefits		
PCP Office Visit	\$15 copay	\$15 copay
Specialist Office Visit	\$30 copay	\$30 copay
Routine Office Physical	No charge	No charge
Examinations/Immunizations	\$15 copay	\$15 copay
Outpatient Mental Health	\$30 copay	\$30 copay
Outpatient Surgical Services	\$100 copay	\$100 copay
Outpatient Standard X-rays	No charge	No charge
Outpatient Specialized Scans	\$50 copay	\$50 copay
Outpatient Lab Tests	No charge	No charge
Durable Medical Equipment	No charge	No charge
Skilled Nursing Facility	No charge; limit of 100 days per benefit period	No charge; limit of 100 days per benefit period
Home Health Care	No charge	No charge
Physical, Speech & Occupational Therapy	\$15 copay	\$15 copay
Inpatient Benefits		
Inpatient Hospital Expenses	\$100 per admission	\$100 per admission
Inpatient Mental Health	\$100 per admission; 190 days Lifetime	\$100 per admission; 190 days Lifetime
Prescription Benefits		
Generic/Brand	\$20/\$40 copay	\$20/\$40 copay
Mail Order (90-day supply)	\$40/\$80 copay	\$40/\$80 copay
Other Benefits		
Emergency Room	\$50 copay (waived if admitted)	\$50 copay (waived if admitted)
Urgent Care Facility	\$15 copay	\$15 copay
Ambulance	\$25 copay	\$25 copay
Other		
Hearing Exam/Aids	No charge/\$500 allowance every 3 years	No charge/\$500 allowance every 3 years
Vision Exam	\$20 copay	\$20 copay
Lenses and Frames	\$130 allowance per calendar year	\$130 allowance per calendar year
Premium:		
Maricopa,Pima, Pinal	\$145 / \$290	\$158 / \$316
All other counties	\$210 / \$420	\$230 / \$460

Yellow highlight indicates a change from 2009 plan